No. 300
10.48

FILED SEP 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32442

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6258 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: WAYNE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GREENVILLE St. Francis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived? If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: WAYNE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "OLD" GREENVILLE 1110
d. STREET ADDRESS (If rural, give location): St. Francis Twp.

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): CATHERINE
c. (Last): CLUBB

4. DATE OF DEATH (Month) (Day) (Year): Sept 18 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): MARRIED
8. DATE OF BIRTH: DEC. 26 1880
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 8, Days 23 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BOLLINGER CO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: BENTON PERKINS
13b. MOTHER'S MAIDEN NAME: PAULINE DENNIS
14. NAME OF HUSBAND OR WIFE: T. J. CLUBB

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: T. J. CLUBB — ADDRESS: GREENVILLE Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Insufficiency found dead in bed. Died in sleep — INTERVAL BETWEEN ONSET AND DEATH: Instant.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4222

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1949, 19____, *to* Sept 19, 1950, *that I last saw the deceased alive on* 6 mo ago, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Lebegner, M.D.
23b. ADDRESS: Greenville, Mo
23c. DATE SIGNED: Sept 19-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT. 20, 1950
24c. NAME OF CEMETERY OR CREMATORY: GLEN ALLEN CEMETERY
24d. LOCATION (City, town, or county) (State): GLEN ALLEN, Mo.

DATE REC'D BY LOCAL REG.: Sept 22 50
REGISTRAR'S SIGNATURE: Mabel Beasley 341
25. FUNERAL DIRECTOR'S SIGNATURE: Marshall Funeral Home — ADDRESS: Greenville Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
SEP 25 1950
WAYNE CO. HEALTH CENTER
FILE No. 950-681

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or ~~by~~ .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Iris S. Marshall

Licensed Embalmer No. 4601

P. O. Address Greenville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.